

OFFICE OF THE MEDICAL EXAMINER
WEST TENNESSEE REGIONAL FORENSIC CENTER

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

Hardeman County Medical Examiner: Michael Revelle

Judicial District Number: 25

District Attorney: Honorable Mark E. Davidson

State Number: 22-35-0051

Case Number: MEC2022-2668

Name of Decedent	Age	Race	Date of Birth	Sex
Charles Thomas Gordon	32 Years	Black	01/26/1990	Male

Address

1440 Union Springs Rd., Whiteville, TN 38075

Date of Death

11/20/2022 9:53 PM

Type of Death

In Jail/Prison/In Police Custody

Investigating Agency/Complaint #:

TN Department of Corrections

Place of Death

Bolivar General Hospital, Bolivar, TN

Narrative Summary

Reportedly this 32 y.o. B/M tentatively identified as Charles Thomas Gordon was the victim of an assault this date at Whiteville Correctional Facility. EMS responded to the scene where treatment was initiated then the victim was transported to Bolivar General Hospital, arriving at about 2100 hrs. Emergency department personnel treated the victim until 2153 hrs when all life saving efforts were exhausted and death was pronounced by Dr. Fletcher. This office was notified by Special Agent Perry from the Tennessee Department of Corrections who reported that the decedent was possibly stabbed. Jurisdiction for the death was accepted and the Order for Autopsy was issued by Dr. Revelle. The decedent was transported to the West Tennessee Regional Forensic Center for examination, positive identification and disposition to a funeral home.

Greg Shea, Investigator

11/20/2022

Jurisdiction Accepted

Yes

Autopsy Ordered

Yes

Toxicology Ordered

Yes

Physician Responsible for Death Certificate

Danielle Harrell, D.O.

Cremation Approved

Yes

Funeral Home

Mid South Mortuary Service

Cause of Death

Multiple Sharp Force Injuries

CERTIFIED TO BE A TRUE AND
EXACT COPY OF THE ORIGINAL
Office of the Shelby County Medical Examiner

Contributory Cause of Death

Manner of Death

Homicide

Danielle Harrell

West Tennessee Regional Forensic Center
Office of the Medical Examiner
637 Poplar Avenue
Memphis, Tennessee 38105-4510
Telephone (901) 222-4600 Fax (901) 222-4645

REPORT OF AUTOPSY EXAMINATION

CASE NUMBER: 2022-2668

DECEDENT: Charles Gordon

AGE: 32 years

RACE: Black

SEX: Male

Authorized by: Michael Revelle, M.D.

Received from: Hardeman County

Date of Autopsy Examination: 11/21/2022

Time: 0945 hours

Body Identified by: Fingerprints

Persons present at autopsy: De'Mirrea Bates

PATHOLOGICAL DIAGNOSIS

- I. Multiple Sharp Force Injuries (8 wounds: 7 stab; 1 incised)
 - A. Stab wound of the chest
 - i. Left aspect of the chest
 - ii. Injury to the left 3rd intercostal space, heart (right ventricle, interventricular septum, left ventricle) and inferior vena cava
 - 1. Right chest cavity, approximately 475 milliliters of blood
 - 2. Left chest cavity, approximately 120 milliliters of blood
 - 3. Pericardial sac, approximately 200 milliliters of blood
 - iii. Trajectory: Front to back, left to right and slightly downward
 - B. Stab wound of the neck
 - i. Left posterior aspect of the neck
 - ii. Injury to soft tissue and skeletal muscle
 - iii. Trajectory: Back to front and slightly downward
 - C. Stab wound of the neck
 - i. Right posterior aspect of the neck
 - ii. Injury to soft tissue and skeletal muscle
 - iii. Trajectory: Back to front and slightly downward
 - D. Stab wound of the back
 - i. Left upper aspect of the back
 - ii. Injury to skeletal muscle, posterior aspect of the left 4th intercostal space and lower lobe of the left lung
 - iii. Trajectory: Back to front and downward

- E. Stab wound of the back
 - i. Left aspect of the back
 - ii. Injury to soft tissue and skeletal muscle
 - iii. Trajectory: Back to front
 - F. Stab wound of the back
 - i. Left lower aspect of the back
 - ii. Injury to soft tissue
 - iii. Trajectory: Back to front
 - G. Stab wound of the left hand
 - i. Perforating stab wound involving the palmar aspect and back of the left hand
 - ii. Injury to skeletal muscle
 - iii. Trajectory: Indeterminate
 - H. Incised wound of the left middle finger
 - i. Palmar aspect of the left middle finger
 - II. Abrasions as described below
 - III. Cerebral edema
 - IV. Status-post medical intervention procedures
-

CAUSE OF DEATH: Multiple Sharp Force Injuries

MANNER OF DEATH: Homicide

The facts stated herein are correct to the best of my knowledge and belief.

****Electronically signed by Danielle Harrell, D.O. on Friday, January 20, 2023****

Danielle Harrell, D.O., Forensic Pathologist,

Date

EVIDENCE OF INJURY

The following description reflects the order in which the injuries are examined and is not intended to indicate the order in which they may have occurred.

I. Multiple Sharp Force Injuries

- A. Stab wound of the chest: A 7/16 x 1/8 inch stab wound is located on the left aspect of the chest, 12-1/2 inches from the top of the head and 4 inches to the left of the anterior midline. The wound is oriented from the 3 o'clock to 9 o'clock positions with both ends rounded. The edges are smooth. The wound path injures the left 3rd intercostal space, heart (right ventricle, interventricular septum, left ventricle) and inferior vena cava. The right chest cavity contains approximately 475 milliliters of blood, the left chest cavity contains approximately 120 milliliters of blood and the pericardial sac contains approximately 200 milliliters of blood. The approximate depth of the wound is 8 inches. The trajectory of the wound path, with the body in the anatomical position, is front to back, left to right and slightly downward.
- B. Stab wound of the neck: A 1/2 x 1/8 inch stab wound is located on the left posterior aspect of the neck, 5 inches from the top of the head and 1 inch to the left of the posterior midline. The wound is oriented from approximately the 1 o'clock to 7 o'clock positions. The 1 o'clock end is slightly tapered and the 7 o'clock end is slightly rounded. The wound edges are smooth. The wound path injures the soft tissue and skeletal muscle of the neck. The approximate depth of the wound is 1 inch. The trajectory of the wound path, with the body in the anatomical position, is back to front and slightly downward.
- C. Stab wound of the neck: A 1/2 x 3/16 inch stab wound is located on the right posterior aspect of the neck, 7 inches from the top of the head and 1-1/4 inch to the right of the posterior midline. The wound is oriented from the 5 o'clock to 11 o'clock positions with both ends rounded. The wound edges are smooth. The wound path injures the underlying soft tissue and skeletal muscle. The approximate depth of the wound is 1-3/4 inches. The trajectory of the wound path, with the body in the anatomical position, is back to front and slightly downward.
- D. Stab wound of the back: A 7/16 x 1/4 inch stab wound is located on the left upper aspect of the back, 12 inches from the top of the head and 1-1/4 inches to the left of the posterior midline. The wound path is oriented from the 1 o'clock to 7 o'clock positions. The 1 o'clock end is rounded and the 7 o'clock end is slightly tapered. The wound edges are mostly smooth with a faint red marginal abrasion. The wound path injures the underlying soft tissue, skeletal muscle, posterior aspect of the left 4th intercostal space and lower lobe of the left lung. Injuries from this wound may contribute to blood previously described in Wound A. The approximate depth of the wound is 6 inches. The

trajectory of the wound path, with the body in the anatomical position, is back to front and downward.

E. Stab wound of the back: A $9/16 \times 1/8$ inch stab wound is located on the left aspect of the back, 20 inches from the top of the head and 3 inches to the left of the posterior midline. The wound is oriented from the 2 o'clock to 8 o'clock positions with both ends slightly tapered. The lower aspect of the wound has a faint red marginal abrasion. The wound edges are mostly smooth. The wound path injures the underlying soft tissue and skeletal muscle. The approximate depth of the wound is $1\frac{1}{2}$ inches. The trajectory of the wound path, with the body in the anatomical position, is back to front.

F. Stab wound of the back: A $1/4 \times 1/8$ inch stab wound is located on the left lower aspect of the back, 25 inches from the top of the head and $4\frac{1}{2}$ inches to the left of the posterior midline. The wound is oriented from the 3 o'clock to 9 o'clock positions. The 3 o'clock end is rounded and the 9 o'clock end is slightly tapered. The wound has a red marginal abrasion. The wound edges are mostly smooth. The wound injures the underlying soft tissue. The approximate depth of the wound is 1 inch. The trajectory of the wound path, with the body in the anatomical position, is back to front.

G. Stab wound of the left hand: A perforating stab wound is located on the left hand. A $1 \times 5/16$ inch irregular wound is located on the back of the left hand, 25 inches from the top of the left shoulder. The wound edges are mostly smooth. A $3/4 \times 3/16$ inch irregular wound is located on the palmar aspect of the left hand, $25\frac{1}{2}$ inches from the top of the left shoulder. The wound edges are mostly smooth. The two wounds directly communicate with an approximate depth of 1 inch. The skeletal muscle of the hand along the wound path is injured. The trajectory of the wound path, with the body in the anatomical position, is indeterminate.

H. Incised wound of the left middle finger: A $3/8 \times 1/8$ inch incised wound is located on the palmar aspect of the left middle finger, 28 inches from the top of the left shoulder. The wound is oriented from the 3 o'clock to 9 o'clock positions with both ends tapered. The wound edges are smooth. The approximate depth of the wound is $1/8$ inch.

II. Other injuries: A $1/8$ inch red abrasion is located above the right eye. A $1/4$ inch red abrasion is located on the lower lip. A $1/4$ inch brown abrasion is located anterior to the left ear. A $1/8$ inch red abrasion is located on the chin. A $1/2$ inch red-brown abrasion is located on the back of the right forearm. A $3/16$ inch red abrasion is located on the back of the left hand.

EXTERNAL EXAMINATION:

Please see evidence of injury for sharp force related abnormalities.

Rigor: Full
Livor: Faint red, slow to refill posteriorly
Algor: Cold (refrigerated)
Weight: 194 pounds
Length: 72 inches
Eyes: Brown
Hair: Black
Scars: As diagrammed and photographed
Tattoos: As diagrammed and photographed
Clothing: Blue jean pants, brown belt, white undershorts and two gray socks.
Personal Effects: None.
Therapy:

Endotracheal tube, two automated external defibrillator pads, intravascular access (right arm, left arm, left aspect of the neck and right aspect of the chest), bandages (left hand and left shoulder), Pleur-evac®, left sided thoracostomy (1 x 5/16 inch incision, left lateral aspect of the chest and incision into left 6th intercostal space), four electrocardiogram leads, hospital identification (band, left wrist)

**General
External**

Examination: The decedent is received in a body bag. The bag is opened to show the body of a well-developed adult man. The face has a black goatee. The corneas have mild clouding. The conjunctivae are clear and free of hemorrhages. The sclerae are tan-white and free of hemorrhages. The lower lip is injured as previously described and the frenula are intact. The dentition is native and in good repair. The ears are normally formed and the left ear lobe appears cosmetically pierced. The nares are patent and normally formed. The neck is normally formed and injured as previously described. The chest is normally formed and injured as previously described. Two red abrasions, measuring 1-1/2 inch and 3/4 inch red abrasion are located on the chest, which may be secondary to cardiopulmonary resuscitation procedures. The abdomen is normally formed. The back is normally formed and injured as previously described. The external genitalia are uninjured. The anus is uninjured. The upper extremities are normally formed and the left hand is injured as previously described. The right thumb and index finger have yellow discoloration. Paper bags are not present on the hands. The fingernails are intact with no fresh chips or tears. The lower extremities are normally formed.

X-rays:

Full body radiographs are obtained and show no evidence of retained radiopaque foreign object.

INTERNAL EXAMINATION

Please see evidence of injury for sharp force related abnormalities.

PLEURA: Injured as previously described.

PERITONEUM: Pink-tan and smooth.

PERICARDIUM: Injured as previously described.

NECK ORGANS: The larynx is unobstructed. The hyoid bone, cricoid cartilage and thyroid cartilage are intact. The thyroid is normally formed.

HEART: The heart weighs 435 grams and is injured as previously described. The coronary arteries are normally formed and without atherosclerosis. The atria and ventricles have normal anatomic relationships and a normal blood flow pattern. The uninjured aspects of the myocardium are homogenous red-brown and firm. The left ventricular wall, right lateral ventricular wall and interventricular septum are 1.2, 0.2 and 1.2 centimeters in thickness, respectively. The valve leaflets are thin, white and pliable without vegetation, calcification or anomaly.

AORTA: Normally formed with no gross abnormality.

LUNGS: Right, 400 grams. Left, 380 grams. Normally formed and the left lung is injured as previously describe.

LIVER: 1590 grams. Red-brown with no gross abnormality.

GALLBLADDER: Contains a small amount of viscid bile.

SPLEEN: 170 grams. Red-purple with no gross abnormality.

PANCREAS: Tan-brown with no gross abnormality.

ADRENALS: Normally formed with no gross abnormality.

GI TRACT: The tongue is intact. The gastroesophageal junction is well defined. The stomach contains approximately 60 milliliters of brown fluid. The small intestines, large intestines and appendix are grossly unremarkable.

KIDNEYS: Right, 160 grams. Left, 125 grams. Red-brown and normally formed.

BLADDER: Normally formed and contains approximately 10 milliliters of urine.

GENITALIA: Testes and prostate and normally formed.

BRAIN AND MENINGES: The unfixed and edematous brain weighs 1575 grams. The dura is white, firm and free of nodules. The leptomeninges are thin, translucent, and free from exudates. The superficial veins of the brain and cranial nerves are unremarkable. The vessels of the Circle of Willis are patent and without significant atherosclerosis. Cut surfaces of the cerebrum show good demarcation of gray and white matter. There are no space occupying lesions or hemorrhage. The deep nuclei of the brain and the bilateral hippocampi are normally formed. The cut surfaces of the midbrain, medulla, pons and cerebellum are grossly unremarkable.

BONY SKELETON: Normally formed.

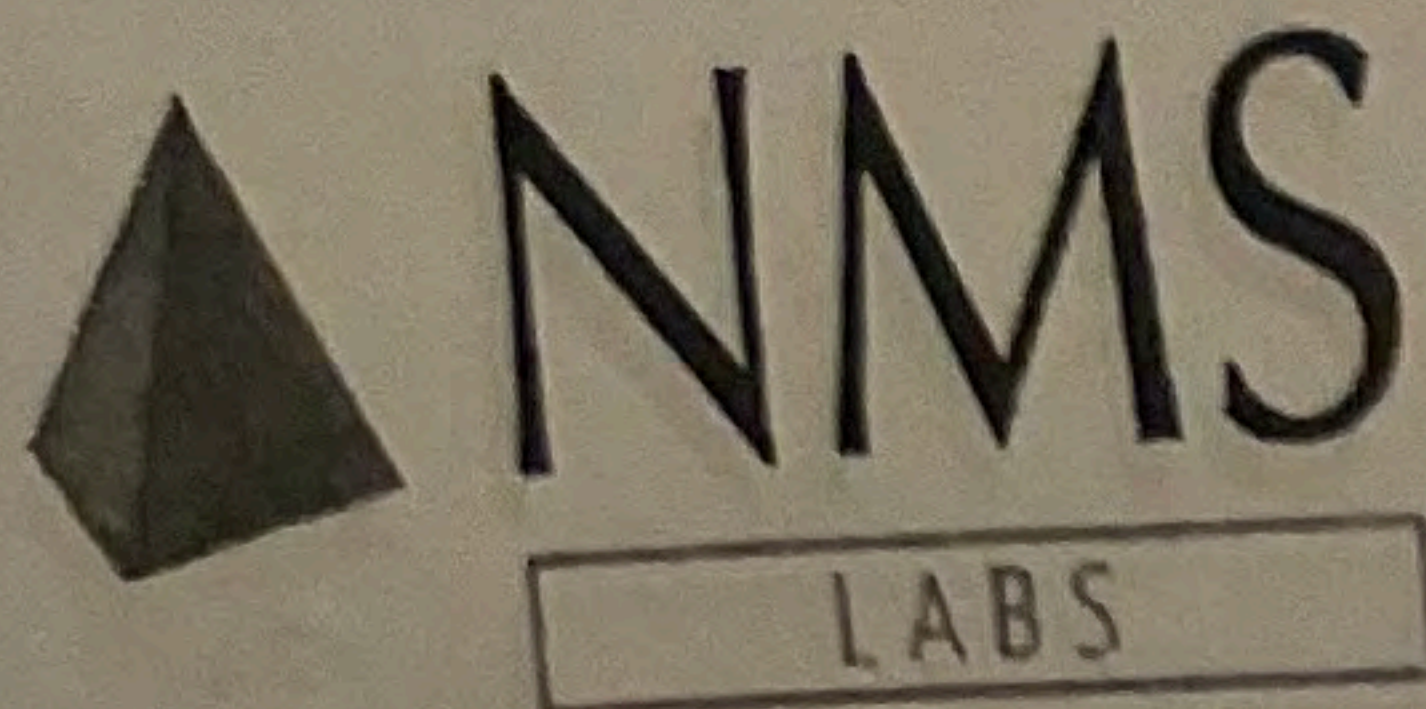
ADDITIONAL PROCEDURES:

Toxicology: Samples of vitreous, urine, liver and postmortem blood are submitted for toxicology analysis (see separate toxicology report).

Evidence collected: FTA blood spot cards, fingerprints, pulled head hair, fingernail clippings/clippers and clothing.

SUMMARY AND INTERPRETATION

This 32 year old man, identified as Charles Gordon, was reportedly an inmate at the Hardeman County Correctional Facility when he was stabbed. He was transported to Bolivar General Hospital where death was pronounced. Per medical record review, a left sided chest tube was placed at the hospital and he was diagnosed with left sided hemothorax and pneumothorax. Autopsy revealed multiple sharp force injuries with lethal injuries to the chest as previously described. Toxicology analysis performed on postmortem iliac blood revealed morphine and 6-monoacetylmorphine, consistent with heroin. Fentanyl and metabolite norfentanyl were also detected. Based on all currently known and available information, the cause of death is multiple sharp force injuries and the manner of death is homicide.



NMS Labs

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Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 12/13/2022 17:07

To: 10505

University of Tennessee Forensic Center
Attn: Marco Ross
637 Poplar Avenue
Memphis, TN 38105

Patient Name

GORDON, CHARLES

Patient ID

MEC#2022-2668

Chain

NMSCP218915

DOB

01/26/1990

Sex

Male

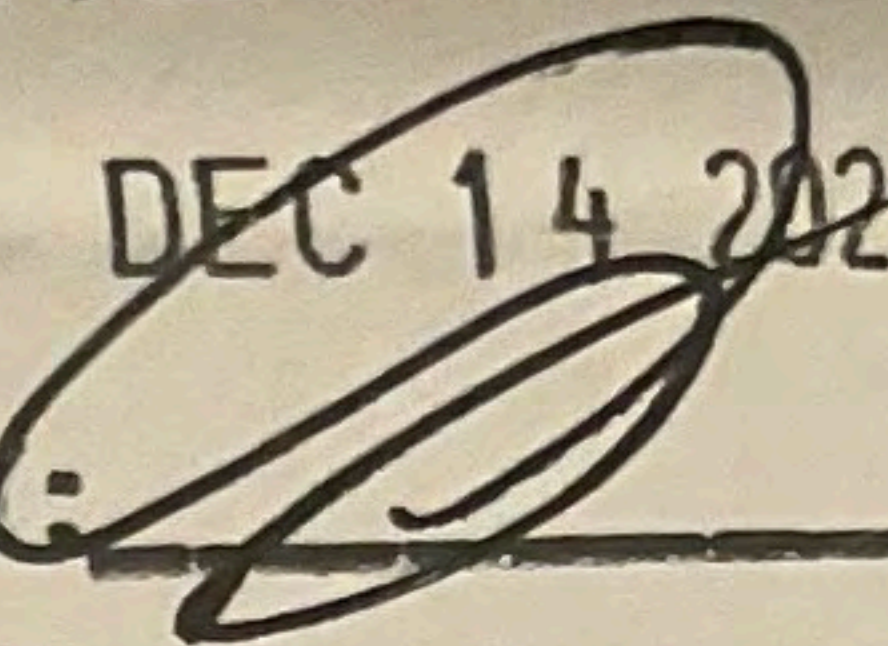
Workorder

22431714

Page 1 of 4

RECEIVED

DEC 14 2022

BY: 

Positive Findings:

Analyte	Result	Units	Matrix Source
Morphine - Free	14	ng/mL	001 - Iliac Blood
6-Monoacetylmorphine - Free	1.0	ng/mL	001 - Iliac Blood
Fentanyl	11	ng/mL	001 - Iliac Blood
Norfentanyl	1.8	ng/mL	001 - Iliac Blood

See Detailed Findings section for additional information

Testing Requested:

Test	Test Name
8041B	Postmortem, Basic w/Vitreous Alcohol Confirmation, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	Gray Stopper Plastic Tube	6 mL	11/21/2022	Iliac Blood	MEC#2022-2668
002	Gray Stopper Plastic Tube	4 mL	11/21/2022	Heart Blood	MEC#2022-2668
003	Red Stopper Glass Tube	5.75 mL	11/21/2022	Vitreous Fluid	MEC#2022-2668
004	Red Stopper Glass Tube	3.5 mL	11/21/2022	Urine	MEC#2022-2668
005	White Cap Plastic Container	21.3 g	11/21/2022	Liver Tissue	MEC#2022-2668

All sample volumes/weights are approximations.

Specimens received on 11/22/2022.

Reference Comments:

average serum concentrations of 73 ng/mL (range 13-710) morphine. In 15 cases where cause of death was attributed to opiate toxicity (heroin, morphine or both), free morphine concentrations were 0-3700 ng/mL (average 420 +/- 940). In comparison, in cases where COD was unrelated to opiates (n=20) free morphine was 0-850 ng/mL (average 90 +/- 200). The ratio of whole blood concentration to serum or plasma concentration is approximately one. In a population of 676 drivers arrested for driving under the influence, Morphine concentrations ranged from 1.25-1290 ng/mL, with an average of 52 ng/mL. Following excessive opiate use, pupils are typically constricted and unreactive to light. Pulse and blood pressure, and body temperature can be lowered. Psychomotor impairment is generally present, with increased body sway, and poor performance in divided attention tests. Users are sometimes described as 'on the nod', falling asleep in the middle of conversations or at inappropriate times. Tolerance can develop to the effects of opiates, and more experienced users are less susceptible to the impairing effects.

4. Norfentanyl (Fentanyl Metabolite) - Iliac Blood:

Norfentanyl is the primary inactive metabolite of the synthetic narcotic analgesic fentanyl.

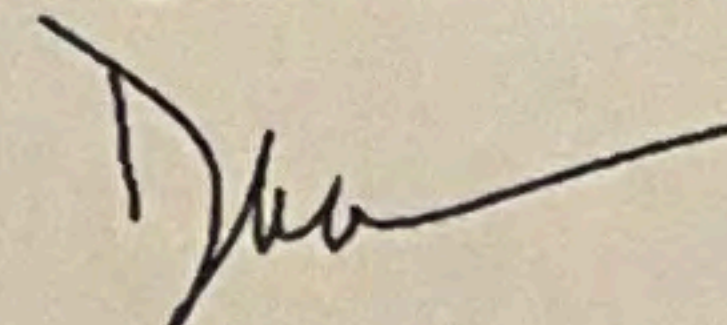
Sample Comments:

001 County: HARDEMAN

001 Physician/Pathologist Name: HARRELL,D

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 22431714 was electronically signed on 12/13/2022 16:48 by:



Daniel T. Anderson, M.S., D-ABFT-FT, ABC-GKE
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Test 50016B - Opiates - Free (Unconjugated) Confirmation, Blood - Iliac Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
6-Monoacetylmorphine - Free	1.0 ng/mL	Hydromorphone - Free	1.0 ng/mL
Codeine - Free	5.0 ng/mL	Morphine - Free	5.0 ng/mL
Dihydrocodeine / Hydrocodol - Free	5.0 ng/mL	Oxycodone - Free	5.0 ng/mL
Hydrocodone - Free	5.0 ng/mL	Oxymorphone - Free	1.0 ng/mL

Test 52484B - Fentanyl and Acetyl Fentanyl Confirmation, Blood - Iliac Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Acetyl Fentanyl	0.20 ng/mL	Norfentanyl	0.40 ng/mL
Fentanyl	0.20 ng/mL		

Test 8041B - Postmortem, Basic w/Vitreous Alcohol Confirmation, Blood (Forensic) - Iliac Blood

Analysis Summary and Reporting Limits:

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Amphetamines	20 ng/mL	Fentanyl / Acetyl Fentanyl	1.0 ng/mL
Barbiturates	0.040 mcg/mL	Methadone / Metabolite	25 ng/mL
Benzodiazepines	100 ng/mL	Methamphetamine / MDMA	20 ng/mL
Buprenorphine / Metabolite	0.50 ng/mL	Opiates	20 ng/mL
Cannabinoids	10 ng/mL	Oxycodone / Oxymorphone	10 ng/mL
Cocaine / Metabolites	20 ng/mL	Phencyclidine	10 ng/mL

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Analyte</u>	<u>Rpt. Limit</u>	<u>Analyte</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	10 mg/dL

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Morphine - Free	14	ng/mL	5.0	001 - Iliac Blood	LC-MS/MS
6-Monoacetylmorphine - Free	1.0	ng/mL	1.0	001 - Iliac Blood	LC-MS/MS
Fentanyl	11	ng/mL	0.20	001 - Iliac Blood	LC-MS/MS
Norfentanyl	1.8	ng/mL	0.40	001 - Iliac Blood	LC-MS/MS

Substance(s) known to interfere with the identity and/or quantity of the reported result: Benzyl Fentanyl

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. 6-Monoacetylmorphine - Free (6-MAM; Heroin Metabolite) - Iliac Blood:

6-monoacetylmorphine (6-MAM) is the 6-monoacetylated form of morphine, which is pharmacologically active. When present, it is generally indicative of heroin (diacetylmorphine) use. 6-MAM has also been reported to occur as an artifact in samples with unusually high blood morphine concentrations.

A healthy man administered 12 mg heroin intravenously achieved peak blood concentrations at two minutes post injection of 150 ng/mL of 6-MAM and 44 ng/mL of morphine, which declined with half-lives of 7 minutes and 33 minutes, respectively.

Eight subjects who died within fifteen minutes of heroin administration had postmortem blood 6-MAM concentrations averaging 19 ng/mL with a range from less than 1.0 to 82 ng/mL.

2. Fentanyl (Duragesic®; Sublimaze®) - Iliac Blood:

Fentanyl is a prescription opioid commonly used as an anesthetic/analgesic. It is reported to be 80 to 200 times as potent as morphine and has a rapid onset of action as well as addictive properties. Illicit fentanyl is readily available due to low production cost and its high potency. It is often sold as heroin and is commonly found in combination with other illicit drugs. Signs associated with fentanyl toxicity include severe respiratory depression, muscle rigidity, seizures, hypotension, coma and death.

When used clinically as a transdermal preparation (25-100 mcg/hour patch), serum fentanyl concentrations up to 3.8 ng/mL have been reported within 24 hours. Following removal of the patch, serum fentanyl concentrations are reported to decrease with a mean elimination half-life of 17 hours (range, 13-22 hours). The mean peak plasma serum fentanyl concentration in adults given an 800 mcg oral transmucosal fentanyl preparation over 15 minutes is reported at 2.1 ng/mL (range, 1.4-3.0 ng/mL) at approximately 0.40 hours.

It is reported that patients lost consciousness at mean plasma levels of fentanyl of 34 ng/mL when infused with 75 mcg/Kg over a 15 min period; peak plasma levels averaged 50 ng/mL. In fatalities from fentanyl, blood concentrations are variable and have been reported as low as 3 ng/mL. Postmortem blood fentanyl concentrations ranged from 0.30-110 ng/mL (median 11 ng/mL) in 301 femoral blood specimens obtained from accidental drug overdose death investigations. These concentrations ranged from 9.7-41.3 ng/mL (median 17.2 ng/mL) in 7 fentanyl only cases in another published case series.

The blood to plasma ratio for fentanyl is approximately 0.80-1.0.

3. Morphine - Free (Codeine Metabolite) - Iliac Blood:

Morphine (Duramorph, Roxanol, MS-Contin) is a DEA Schedule II opiate narcotic analgesic. It can be a metabolite or breakdown product of codeine and heroin. If found together with 6-monoacetylmorphine (6-MAM), likely source is heroin. A large portion of the morphine may be conjugated; the portion not conjugated is termed 'free morphine', the active biologic agent which is a powerful painkilling drug whose diverse effects that may include analgesia, drowsiness, nausea and respiratory depression. Hydromorphone is a reported metabolite of morphine.

Morphine peak serum concentrations occur within 10 to 20 minutes of a 10 mg/70 kg intramuscular dose, average 60 ng/mL 30 minutes following administration. IV administration of 10 mg/70 kg, average 80 ng/mL after 30 minutes. Chronic pain patients receiving an average of 90 mg (range 20-1460) daily oral morphine had

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 087175

1. Decedent's Legal Name CHARLES THOMAS GORDON				2. Sex MALE		3. Date of Death 11/20/2022			
4. Time of Death (Approx.) 21:53		5a. Age 32		6. Date of Birth 01/26/1990		7. Birthplace COLUMBIA, TN			
8a. Place of Death ER/OUTPATIENT									
8b. Facility Name BOLIVAR GENERAL HOSPITAL				8c. City or Town BOLIVAR		8d. County of Death HARDEMAN			
9. Marital Status MARRIED		10. Surviving Spouse (name prior to first marriage) GINGER FAYE TRAPP			11a. Decedent's Usual Occupation CONSTRUCTION WORKER		11b. Kind of Business/Industry ROAD WORK		
12. Social Security Number 410-65-8949		13a. Residence-State or Foreign Country TENNESSEE			13b. County MARSHALL		13c. City or Town LEWISBURG		
13d. Street and Number 702 2ND AVE NORTH				13e. Inside City Limits? YES		13f. Zip Code 37091		14. Was Decedent ever in US Armed Forces? NO	
15. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO			17. Decedent's Race BLACK OR AFRICAN AMERICAN		
18. Father's Name LEE ALBERT GORDON				19. Mother's Name Prior to First Marriage DONNA ROBERTS HARDIN					
20a. Informant's Name GINGER FAYE GORDON		20b. Relationship to Decedent SPOUSE		20c. Mailing Address 702 2ND AVE NORTH, LEWISBURG, TN 37091					
21a. Method of Disposition CREMATION				21b. Place of Disposition MID SOUTH CREMATORY		21c. Location MEMPHIS, TN			
22a. Signature of Funeral Director /s/ SEANNA HAMM				22b. License Number 6833		22c. Signature of Embalmer /s/		22d. License Number 715	
23a. Name and Address of Funeral Home MID SOUTH MORTUARY SERVICE, 3774 SUMMER AVENUE, MEMPHIS, TN 38122-0966									
24. Registrar's Signature /s/ EDWARD G BISHOP III						25. Date Filed 01/06/2023			
26. Certifier 26a. <input type="checkbox"/> PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED. 26b. <input checked="" type="checkbox"/> MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.									
27a. Certifier /s/ DANIELLE HARRELL				27b. License Number 3668		27c. Date Signed 01/06/2023			
27d. Name and Address DANIELLE HARRELL 637 POPLAR AVE, MEMPHIS, TN 38105									
28. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. a. MULTIPLE SHARP FORCE INJURIES b. c. d.									
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I						29a. Was an Autopsy Performed? YES			
						29b. Were Autopsy Findings Available to Complete the Cause of Death? YES			
30. Manner of Death HOMICIDE		31. Did Tobacco Use Contribute to Death? NO		32. If Female: N/A					
33. If Transportation Injury, Specify:		34a. Date of Injury 11/20/2022		34b. Time of Injury UNKNOWN		34c. Injury at Work? NO			
		34d. Place of Injury CORRECTIONAL FACILITY		34e. Describe How Injury Occurred STABBED BY OTHER(S)		34f. Location of Injury 1440 UNION SPRINGS RD, WHITEVILLE, TN			

PH-1659E

RDA 10112

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
Edward G. Bishop III
State Registrar

Morgan McDonald
Morgan McDonald, MD, FAAP, FACP
Commissioner

Date Issued: Jan-06-2023

Stephanie L. ...
Local Registrar

CERTIFICATION OF VITAL RECORD